Notification of Demolition and Renovation

-						9	<u>rd (10)</u>	>	
I.	Facility In	formation (Identify owner, remo	val contracto	or, and other	operator)		•		
Owne		Sewanhaka CHSD							
	Address:	77 Landau Ave							
	City:	Floral Park	State:		NY	Zip:	110	001	
D	Contact:	Matt Castelluzzo				Tel:	516.488.9827		
Remo	val Contracto	The Exercise Interior of	ervices, Inc.						
	Address:	119 Gary Way							
	City:	Ronkonkoma	State:	!	NY	Zip:	117	779	
041	Contact:	Arthur Chu				Tel:	631-46	7-6600	
Otner	Operator:								
	Address:								
	City:		State:			Zip:			
**	Contact:					Tel:			
II.	Type of No	otification (O = Orginal / R = Rev	/ised) :	0					
III. IV.	Type of O	peration (D = Demolition / R = Reno		R					
		s Present? (Yes/No)	Yes						
V.	Facility De	escription (Include building name, r	number and flo	or or room nu	mber)				
	Building Na	De Service - Marie Liver Augus							
	Address:	555 Ridge Rd							
	Address:		5227						
	City:	Elmont	State:	NY		County:	Nassau		
	Site Location								
	Building Siz		Sq Ft.:		# of Floors:		Age In Years:		
X / X	Present Use:			Prior Use:					
VI.	Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos								
	Material:								
		Polorized Light Microscopy							
VII.		the specific section of the section							
V 11.	Approxima	ate Amount of RACM to be Re	moved and	NonFriable .	Asbestos M	laterial Th	at Will		
	Not be Ren	noved. Specify the Amount of	Asbestos Be	elow:					
			100 100			1	Nonfriable Asbe	stos Material	
			AC	CM To				be Removed	
D' I			Be R	Removed	Categ	gory I	Catego	ory II	
	Linear Feet			80					
	inear Meters								
	Area - Square F			168					
	Area - Square M								
		ility Component - Cubic Feet							
		ility Component - Cubic Meter							
VIII.		Dates of Asbestos Removal (M)			Start:	12/20/2013	Completion:	12/20/2014	
IX.	Scheduled	Dates of Demo/Renovation (M	M/DD/YY)		Start:		Completion:		

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Figure 1. Notification of Demolition and Renovation

Notification of Demolition and Renovation

Х.		on of Planned Demolition f asbestos debris & pipe insula		And Method(s)) to be Used:		
XI.	Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site: PAPR and half face respirators, airless sprayers, negative air machines, collapsible showers, personal sampling pumps, HEPA vacuums. Asbestos dissemination will be prevented utilizing 12NYCRR part 56. This procedure includes proper wetting methods and adheres to all rules and regulations.						
XII.	Waste Tr	ansporter # 1.	c includes proper wetting i	nethous and adm	eres to all rules al	id regulations.	
	Name:	ATC Transport Company,	Inc.				
	Address:	2 Moriches Middle Island F					
	City:	Shirley	State:	NY	Zip:	11967	
	Contact Pe	rson:	1		Tel:	631-924-5050	
	Waste Tr	ansporter # 2.		*****			
	Name:						
	Address:						
	City:		State:		Zip:		
	Contact Pe	rson:			Tel:		
XIII.	Waste Di	sposal Site		-			
	Name:	Minerva Enterprises					
	Address:	9000 Minerva Road SE					
	City:	Waynesburg	State:	ОН	Zip:	44688	
	Telephone:						
XIV.		tion Ordered by a Govern			ency Below:		
	Name:		Tit	tle:	***		
	Authority:			w.ve.			
		der (MM/DD/YY):	Da	te Order to Begin	(MM/DD/YY):		
XV.		gency Renovations					
		Hour of Emergency (MM/D		- 253			
	Description of the Sudden, Unexpected Event:						
	ceiling colapsed Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:						
			d Unsafe Conditions or	Serious Disrupt	ion of Industrial	Operations:	
X/X /Y		n debris to fall into room					
XVI.		on of Procedures to be Fo y Nonfriable Asbestos Ma		•			
XVII.	I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been Accomplished by this person will be available for Inspection During Normal Business hours. (Required 1 year after Promulgation)						
	(Acquireu	A Jour area Fromuigation)	- Nuis Signa	ature of Owner/Op	oerator	1 <u>0/19/13</u>	
XVIII.	I Certify	that the above informatio		,		1 1	
			Nud	deture of Owner/Op	perator	12/19/13 Date	

Notification of Demolition and Renovation

I.	Essilia. I.	C						
Owner	r:	formation (Identify owner, remo Sewanhaka CHSD	val contracte	or, and other	operator)		_	
S WITCH	Address:	77 Landau Ave						
	City:	Floral Park	State:		NY	7:		
	Contact:	Matt Castelluzzo	State.		NY	Zip:	110	001
Remov	val Contracto		onicos Inc			Tel:	516.488.9827	
	Address:	119 Gary Way	sivices, inc.					
	City:	Ronkonkoma	State:		NY	7:	44-	770
	Contact:	Arthur Chu	State.		N I	Zip: Tel:	117	7
Other	Operator:	7.1.1.1.2.1.0.1.0				Tel:	631-467	7-6600
	Address:							
	City:		State:			Zip:		
	Contact:		State.			Tel:		
II.	Type of No	tification (O = Orginal / R = Rev	vised) ·	0		161.		
III.		Deration (D = Demolition / R = Reno		R				
IV.		Present? (Yes/No)	Yes					
V.		scription (Include building name, n		oor or room nu	mher)			
	Building Nar	me: Elmont HS	and in	oor or room nu	inder)			
	Address:	555 Ridge Rd						
	Address:							
	City:	Elmont	State:	NY		County:	Nassau	
	Site Location	room B10				county.	Haddad	
	Building Size	Sq Meter:	Sq Ft.:	90,000	# of Floors:		Age In Years:	
	Present Use:	School		Prior Use:				
VI.	Procedure,	Including Analytical Method,	If Appropr	riate, Used to	Detect the	Presence	of Asbestos	
	Material:							
		Polorized Light Microscopy						
VII.	Approxima	te Amount of RACM to be Ren	moved and	NonFriable	Asbestos M	Laterial Th	at Will	
	Not be Ren	noved. Specify the Amount of	Asbestos Bo	elow:				
						1	Nonfriable Asbes	stos Material
			A	СМ То			Not to	be Removed
			Be I	Removed	Cate	gory I	Catego	ory II
	inear Feet			80				•
•	inear Meters							
	Area - Square Fe			168				
Surface A	Area - Square M	eters						
Volume	RACM Off Faci	lity Component - Cubic Feet						
		lity Component - Cubic Meter						
VIII.		Dates of Asbestos Removal (MI			Start:	12/20/2013	Completion:	12/20/2014
IX.	Scheduled 1	Dates of Demo/Renovation (M.	M/DD/YY)		Start:		Completion:	
	1 0							

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Figure 1. Notification of Demolition and Renovation

Notification of Demolition and Renovation

Description of Planned Demolition or Renovation Work And Mathad(a)

2 1 •	Removal of	asbestos debris & pipe insulation	n	rk, And Method(s) to be Used:				
XI.	Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site:PAPR and half face respirators, airless sprayers, negative air machines, collapsible showers, personal sampling pumps, HEPA vacuums. Asbestos dissemination will be prevented utilizing 12NYCRR part 56. This procedure includes proper wetting methods and adheres to all rules and regulations.								
XII.	Waste Tra	ansporter # 1.	ioladoo proper wett	ing methods and adm	eres to all rules an	id regulations.			
	Name:	ATC Transport Company, Inc.			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
	Address:	2 Moriches Middle Island Roa							
	City:	Shirley	State:	NY	7:	44007			
	Contact Per		State.	INT	Zip: Tel:	11967			
	Waste Tra	ansporter # 2.			lrei;	631-924-5050			
	Name:								
	Address:			<i>y</i>					
	City:		State:		Zip:				
	Contact Per	son:	State.		Tel:	· · · · · · · · · · · · · · · · · · ·			
XIII.	Waste Dis	posal Site		*	TCI.				
	Name:	Minerva Enterprises				-			
	Address:	9000 Minerva Road SE							
	City:	Waynesburg	State:	OH	Zip:	44688			
	Telephone:	330-866-3435		0.1	Zip.	44000			
XIV.	If Demolit	If Demolition Ordered by a Government Agency, Please Identify the Agency Below:							
	Name:		9 ()	Title:	ency Below.				
	Authority:								
	Date of Orde	er (MM/DD/YY):		Date Order to Begin	(MM/DD/YY):				
XV.	For Emergency Renovations								
	Date and Hour of Emergency (MM/DD/YY):								
	Description of the Sudden, Unexpected Event:								
	ceiling colapsed								
	Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:								
	caused acm debris to fall into room								
XVI.	Description	n of Procedures to be Follov	ved in the Event	that Unexpected A	Sbestos is foun	d or			
	Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder.								
				, = ,	, 01 210000000	, I owner.			
XVII.	I certify th	at an individual trained in t	he provisions of	this regulation (A)	CFD Dowt 61	Subnest MO			
	I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been								
	Accomplished by this person will be available for Inspection During Normal Business hours.								
	(Required 1 year after Promulgation)								
	Signature of Owner/Operator Date								
XVIII.	I Certify th	nat the above information is		gnature of Owner/Op	CIALUI	Date			
	- coming th	and moore inividuation is	Nei	& Sope	1	12/19/13			
			51	gnature of Owner/Op	erator	Date			



EAD

FIRE

WATER

CONSTRUCTION

SERVICES

119 Gary Way, Ronkonkoma, NY 11779
OFFICE **631.467.6600** TOLL FREE **1.800.734.9947**FAX **631.467.6611**www.BranchServicesInc.com

December 19, 2013

United States EPA Environmental Protection Agency Air Compliance Unit 290 Broadway Suite 1539 New York, NY 10007-1823

Re: Asbestos Notification

To Whom It May Concern:

Enclosed you will find an original notification. Included are 3 copies of this notification and a self-addressed stamped envelope.

Please note, this is an emergency job starting 12/20/13 with DOL approval.

If you have any further questions do not hesitate to contact us.

Sincerely,

Nicole Gopen

Admin Assistant

